

Claim Handling

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▼ **Accident MT/1104318**

LOS SAL SUB

Policy No.	5075397264-04	Vehicle No.	FBK5707E	GST Registration No.	
Certificate No.					
Policyholder Name	SAHADEVAN THILLAI GOVINDAN	Policyholder NRIC	S7963818H		
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	96538912	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ **Accident Details**

Report Date	23/09/2020 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Fire, explosion or lightning
Date of Accident	18/09/2020	Time of Accident hh:mm	01:15	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BLK 323 BUKIT BATOK STREET 33 OPEN CARPARK LOT 31				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	BLK 59 #09-139	Address 2	COMMONWEALTH DRIVE	Address 3	COMMONWEALTH GREEN
Address 4	SINGAPORE 140059	Address Type	Singapore address	Post Code	140059
Unit No.	09-345	Related Policy Number	5075397264-04		

▼ **OI Driver Info**

Driver Name	SAHADEVAN THILLAI GOVINDAN	Driver Type	Main Driver	Driver DOB	14/05/1979
Unnamed driver Name		Driver NRIC	S7963818H	Driving Experience	12
Register Date of Driver License	31/10/2007	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)	96538912	Contact No.(Office)		Address 3	COMMONWEALTH GREEN
Address 1	BLK 59 #09-139	Address 2	COMMONWEALTH DRIVE	Post Code	140059
Address 4	SINGAPORE 140059	Address Type	Singapore address		
Unit No.	09-345				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBK5707E	Driver Insurer Company	NTUC

▼ **Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Modification History	23/09/2020 15:51 s990621 Modify Additional Excess(-->0.00)		

▼ **Investigation**

Claim 001 OD-MF

▼ **Claim Case Officer Yap Chee Ling**

Claim Type	OD-MF	Insured Name	SAHADEVAN THILLAI GOVINDA	Insured NRIC	S7963818
Contact No.(Mobile)	96439375	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	NSPDINESH@GMAIL.COM	OI Vehicle Number	FBK5707E	TP Vehicle Number	-
Claim Description	FBK5707E / - ON 18 Sept 2020			Name of Preferred Workshop	UNIVERS/
Preferred Workshop	96423147	Preferred Repair Option	Preferred Workshop (refer below)	Insured Liability report	Not at Fault
Date Registered	23/09/2020 15:43	Claim Close Date		Date Received	23/09/20
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
Print AK letter	<input checked="" type="checkbox"/>				
Modification History	23/09/2020 15:51 s990621 Modify Claim Type(OD-MX-->OD-MF)				

Special Claim Creation Approval

Approval Reason

Remarks

damage assessment Attachment

Vehicle Info

Vehicle Make	BAJAJ	Vehicle Model	PULSAR 200 NS	Engine Capacity	
Date of Registration	02/11/2015	Classis No.	MD2A36FZX FCC08279		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	ROSLI WAHAB	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Market Value(\$)		Scrape Value(\$)		Economical Repair Value(\$)	

Remark
1)REAR TYRE-1 UNCONFIRM, 2)REAR REFLECTOR-1 REPLACE, 3)REAR WHEEL SHIELD-1 REPLACE

Remark for Supplementary

Damage Listing

No.	Part No.	Description	Qty *	Repair Co
1	25200104	FAIRING (LEFT)	2	Replace
2	265001	FUEL (M/C) TANK EMBLEM	2	Replace
3	15100102	BOX (M/C) (REAR)	1	Replace
4	261001	FOOT REST (M/C)	1	Unconfirm
5	264008	FUEL TANK	1	Replace
6	386001	SIGNAL (M/C) LAMP	1	Replace
9	194002	CHAIN (M/C) GUARD	1	Replace
10	361003	SEAT (M/C) COVER	2	Replace

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